The Navy PSYCHOLOGIST

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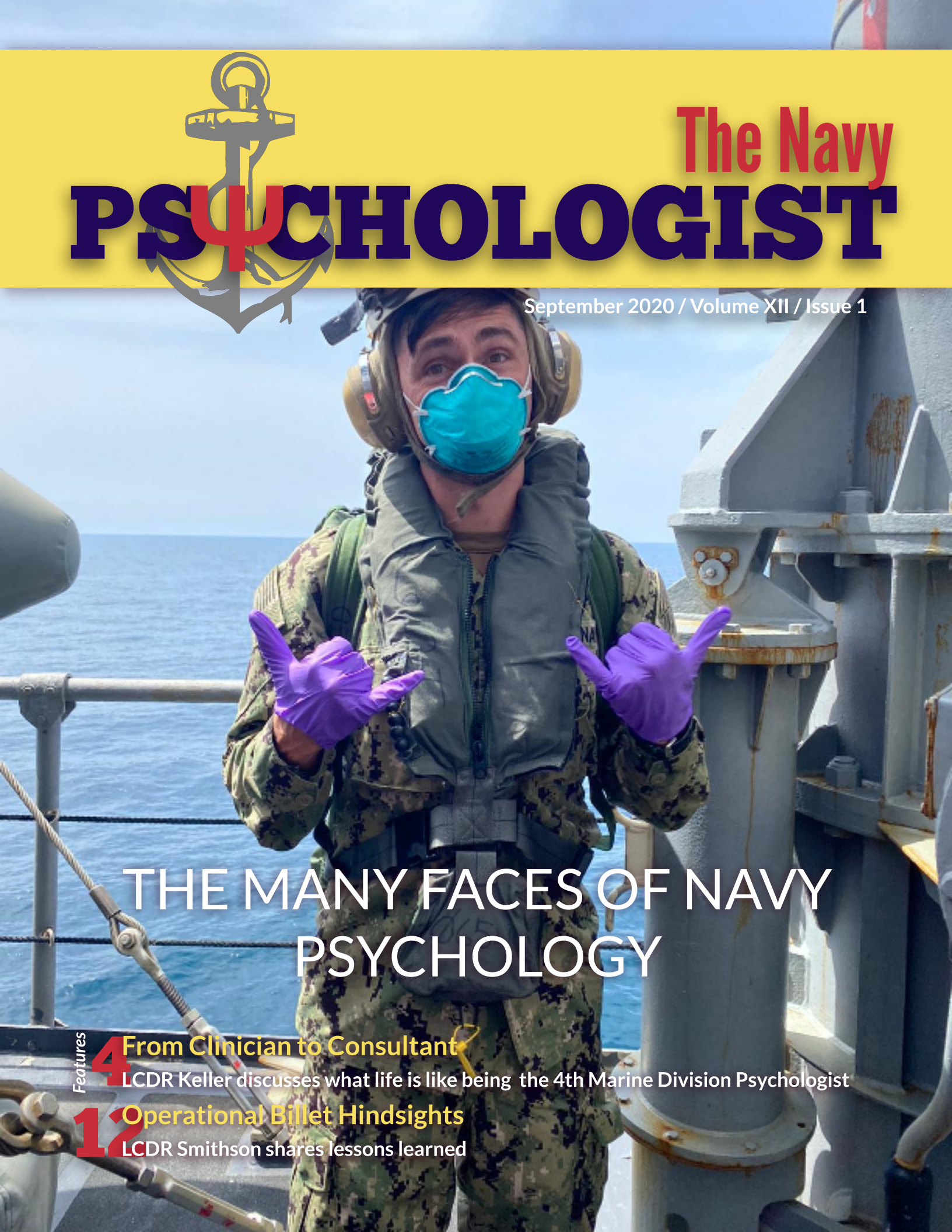

THE MANY FACES OF NAVY PSYCHOLOGY

Features

SPECIALTY LEADER'S MESSAGE

Greetings Fellow Navy Psychologists. Crazy but true – my three years as your Specialty Leader is winding down and this will be my last TNP address to you. The time has flown by and, hands down, getting to know all of you has been the best part of my Navy career. As you all know, I will be handing over the controls to CDR Melissa Lauby in October. She is going to be an amazing FORCE for the community.

Navy clinical psychology continues to be the absolute best community in the entire Navy (admittedly I may be slightly biased…). Seriously, we have a lot to celebrate.

We have had many psychologists deployed in support of the COVID mission, on ships, with field hospitals and to supplement other commands. We continue to be a vital part of the military medical response to the pandemic.

On a normal day we have psychologists deployed and stationed all over the world, on land and on sea. Given our community growth, we now have three Assistant Specialty Leader positions on our community leadership team. Our community is large and has many moving parts – we would not be successful without CDR Melissa Lauby, CDR Jason Duff and LCDR James Larsen.

Even in this environment of fiscal constraints, our community continues to grow. We have more submarine and embedded Marine billets and a new billet at the Defense Health Agency. More commands are asking for psychologists, one of which has specifically asked for a prescribing psychologist (a first).

We added a new DUINS subspecialty this year and now have opportunities in Forensic Psychology, Neuropsychology, Prescribing Psychology, Child Psychology and Operational Psychology.

A whopping 31% of Navy clinical psychologists are board certified – this is almost 8 times the national rate and slightly higher than Army and Air Force (but let's not get competitive…Go Navy).

I can go on and on (and often do…) but I'm out of space. Our community is so successful because all of you represent the very best of the Navy and of the psychology profession. We have an outstanding reputation in our treatment facilities, in our embedded commands and in our operational jobs. I see more amazing accomplishments and opportunities in the future. Keep up the amazing work!

CAPT C. H. Kennedy, MSC, USN

On the Cover

LT Ryan Reed prepares to depart the USS Vella Gulf (CG-72) following a 32 day SPRINT mission that was unexpectedly extended due to COVID-19 precautions. LT Reed was joined by LCDR Nathan Rice and HM2 Nicholas Strunk on the mission.

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TNP Archives

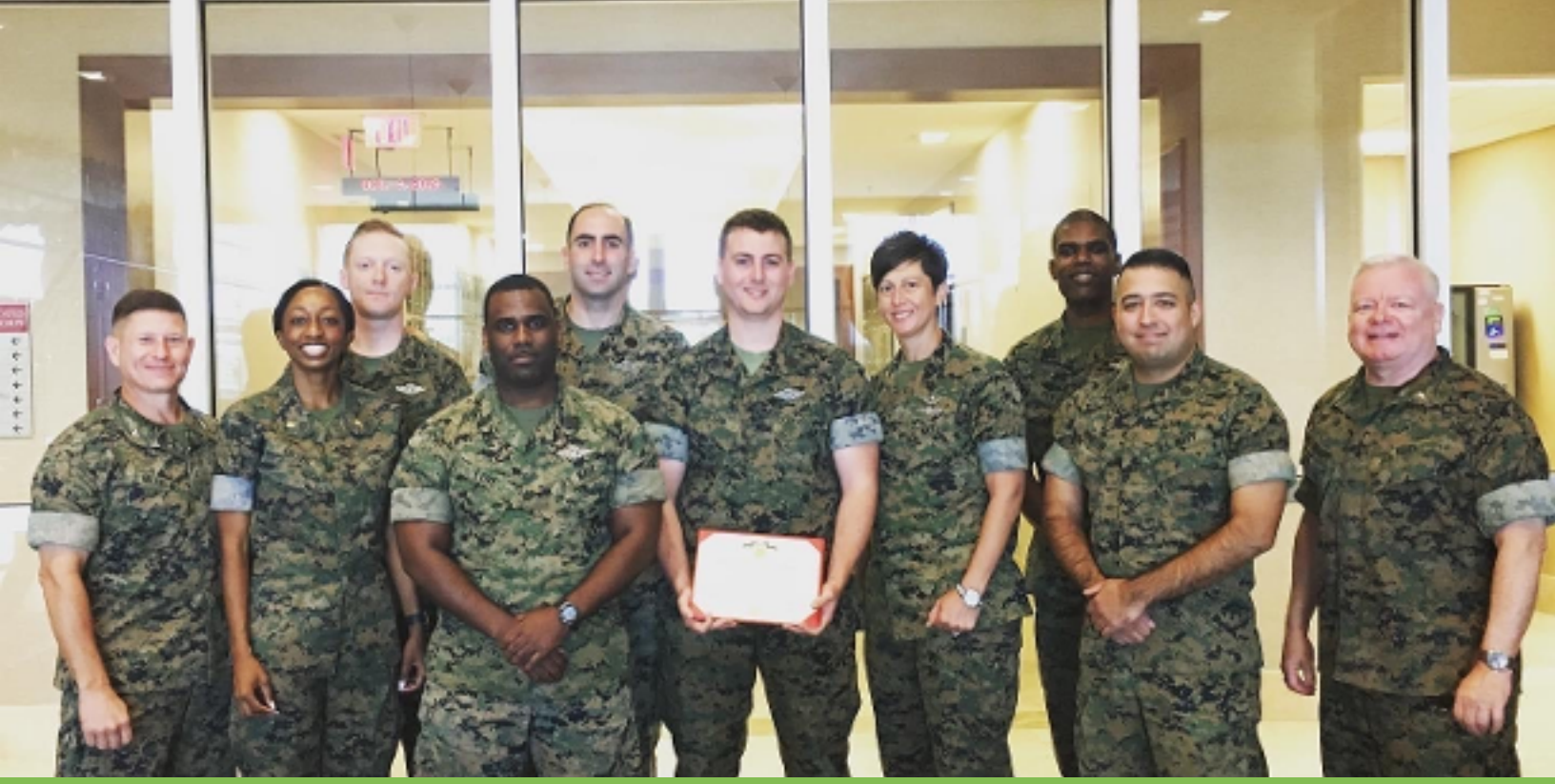
CONTENTS

EDITORS' NOTE

The current issue of *TNP* highlights the many different jobs that are available in the Navy. As Navy Psychologists, we have very unique roles that cannot be replicated. The articles within this issue illustrate a vast range of opportunities that afford both personal and professional growth in dynamic and challenging environments from air, land, and sea (and some once in a lifetime opportunities!) We hope this issue does justice to the trailblazers in our community by highlighting some of the many ways that Navy Psychologists break through the constraints of the therapy room in order to deliver world- class care when and where it is needed most. As always, we invite your comments and suggestions for *TNP* as we continually improve.

Honored, Encouraged, and Committed,

LCDR Vahe Sarkissian (vahe.l.sarkissian.mil@mail.mil)
LT Allison Conforte (allison.m.conforte.mil@mail.mil)



FROM CLINICIAN TO CONSULTANT

Being the 4th Marine Division Psychologist

LCDR Anna Keller, MSC, USN

My career as a Navy Clinical Psychologist has afforded me a host of unique experiences, work environments and opportunities for personal and professional growth. Since my commissioning in 2011, I have worked solely in clinical billets, which makes sense considering my practitioner-focused doctoral training. Needless to say, my bubble of comfort exploded last year when I took on a brand new billet as the 4th Marine Division (4th MarDiv) Psychologist, a position nested within the Marine Forces Reserve Headquarters in New Orleans, LA. 4th Marine Division is the reserve Ground Combat Element of the Marine Corps. The mission of 4th MarDiv is to provide trained combat and combat-support personnel and units to augment, support and reinforce the active component in times of war and national emergency. As the sole mental health provider for over 17,000 geographically dispersed Marines and Sailors, my clinical work has been reduced to less than 10% and my primary role is to advise the 4th MarDiv Commanding General and Chief of Staff on all matters relating to resiliency, psychological health and suicide prevention. As an active duty Sailor, I had to very quickly learn Marine Corps reserve nomenclature and culture, a feat that was tantamount to learning a foreign language.

The reserve world is extremely different from active duty. Reserve Marines and Sailors only participate in annual training 36 days out of the year, however, they have the same annual training requirements and standards as their active duty counterparts and are expected to be ready on day one should they be called to mobilize. This expectation of readiness presents a challenge for some reservists, many of whom do not have health insurance due to joblessness and other financial hardships. Unfortunately, reservists do not

always have access to military health resources, and as a result, physical and mental health problems often go untreated in between drill periods. I saw this first hand during my participation in the mobilization and pre-deployment exercise. During the psychological screening process, a large portion of Marines and Sailors presented with undocumented psychotropic medication usage, active depressive and anxiety symptoms, and ongoing, untreated mental health conditions. To mitigate this disparity, I am actively involved in outreach and routinely collaborate with other entities, such as the VA, Marine Corps Community Services (MCCS), Chaplain, and Psychological Health Outreach Program (PHOP) to satisfy the clinical and preventative needs of the Marines and Sailors within 4th MarDiv.

With 17,000 geographically dispersed Marines and Sailors under my purview, my position requires frequent travel to various units, mostly during drill weekends and annual training events. I have found that establishing relationships with Company Commanders and reserve leadership has helped facilitate integration of resiliency principals into the unit's battle rhythm. In addition to command consultation, I am responsible for conducting formal and informal unit assessments to determine indicators of psychological health and potential problems within 4th MarDiv units.

Promotion of resiliency at every level of 4th MarDiv has been my number one goal since my arrival. This includes pre and post deployment briefings and activities, trainings, Yellow Ribbon events and planning and developing activities. I am also the coordinating member of the Division Operational Stress Control and Readiness (OSCAR) program.

Clinical intervention and triage is a very small part of my role; However, I do work closely with the local branch health clinic to provide and/or coordinate psychological first aid during and after sentinel events (e.g., unit suicide). I also work closely with PHOP and the Chaplain's office to triage and coordinate care to outside resources.

What I love most about my role is the latitude and flexibility to be innovative. Last year, I organized an Appreciative Inquiry workshop held at the Naval Post Graduate School to determine how to maintain healthy and resilient reservists. Reduced feelings of connection and belonging outside of drill weekends was the number one reported struggle for 4th MarDiv reservists. As a result, I am currently working with the Marine Forces Reserve Information and Knowledge Management department to develop a technology platform that will allow reservists to stay connected outside of drill weekends and to streamline behavioral health resources.

The learning curve in this position has been steep but well worth it. At times I find myself overwhelmed with the scope of my role, however, I have received tremendous support and latitude from my senior leadership to be creative and innovative in my approach to increasing the psychological health of the Division. What has been most valuable is learning to operate using a population vs individual health framework. I have to ensure that I am promoting and developing programs that will have the most significant impact on the greatest amount of service members.

Direct Accession Corner

This article focuses on the unique strengths that Direct Accession psychologists bring to the Navy, the challenges they face at each rank, and current recruitment efforts. It is our goal to make this section relevant to all Navy psychologists.

Those interested in being a part of the Direct Accession Group may email LT Eric Neumaier (psych@CVN78.navy.mil) to be included on group emails.

Direct Accession Officers

Coming to a Command Near You

Lt. Eric Neumaier

Direct Accession (DA) psychologists are everywhere in the Navy Clinical Psychology community, if you know where to look. Although a minority of our community entered as DAs (most come into the Navy as interns), they have held a wide range of billets and ranks. You might be unaware that some of our communities' leaders, including CAPT Arlene Saitzyk and CDR Melissa Lauby, entered the Navy as DAs. Here are the perspectives of three DAs, two senior officers and one junior officer.

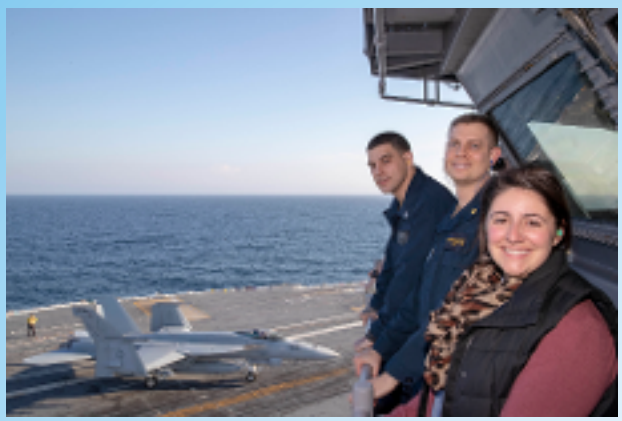
CDR Lauby on the USS Nimitz approaching the Golden Gate Bridge

Why did you join the Navy as a DA?

CAPT Saitzyk: My training was largely in child and family psychology, so I had not really considered joining the Navy until a few years into my first job as a licensed psychologist – I was working at a residential treatment center with adolescent boys, and many prior-military served as support staff there. They shared wonderful stories of their adventures, and I started to look into military psychology. Clearly, the Navy had the best bases/duty stations, so I decided to seek a commission, and requested overseas assignment as my first billet. I had a great mentor there, and decided to sign on for another tour, and another, and another.

CDR Lauby: I had considered military internships initially. I had grown up in the military, so that

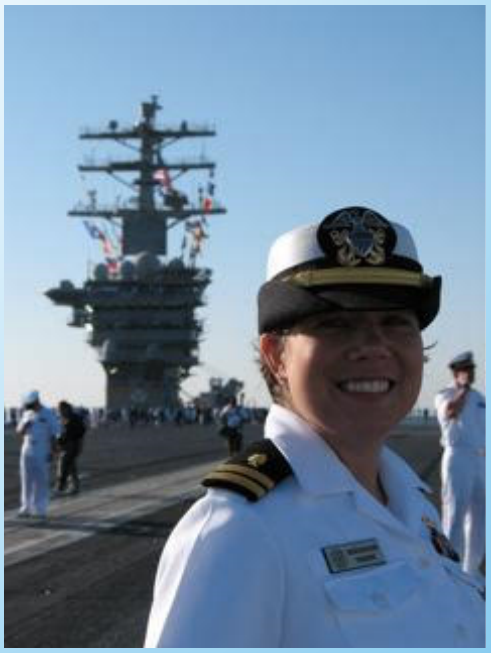
was really the only life I knew but, I really thought I wanted to be in academics and research and so I ultimately chose to pursue that pathway through a public policy internship and post doc fellowship at the National Center for PTSD. Ultimately, I decided academics weren't all they were cracked up to be and I had a great skill set in treating trauma. 2003 (when I joined) was the real ramp up for the war and I felt like my skill set would be needed. The timing worked out great for me to be a direct accession.


LT Neumaier and CVN 78 Psych Team

LT Neumaier: While I was completing a VA postdoc fellowship, my supervisor was a former Navy psychologist and mentored my interest in joining, but my state required a year of postdoc supervision for licensure and I knew I couldn't commission as a DA until licensed. I decided to take a VA staff psychologist position after completing fellowship in order to earn some experience before applying.

What billets were the most fun or challenging?

CAPT Saitzyk: My most fun and most challenging (at the same time) assignments were as a carrier psychologist (see before and after WOG pics), and as an aeromedical psychologist (see "Arlene in water" training photo - I don't look like I'm having a very good time, even though I love the water!). The carrier was a stretch (as an introvert) but I had an amazing psych tech, and learned so much about what we are capable of doing, with the right support. As an aeromedical officer, sometimes my office was the sky (we have to maintain flight hours as part of our competencies), so getting paid to "go flying" isn't too bad. The cases are high profile and demand great professionalism, and I learned so much from my aeromedical community colleagues.


CDR Lauby manning the rails during deployment return

CDR Lauby: I don't know if I can pick a favorite assignment, but I have always said my time on the aircraft carrier was very special. I value my shipboard time as a once in a lifetime opportunity that is unparalleled anywhere else in the Navy. Being an aircraft psychologist taught me a great deal about just how big the Navy is, how wide our power projection is, and where we as psychologists really fit into the big picture. It's an opportunity to really be a part of the big Navy mission in a very real and tangible way. You are on the tip of the spear. I also became fully qualified as an officer of the deck underway. I stood watch on the bridge every day during my second deployment. I learned how to drive

the ship and have command of the bridge team and even "drove" the ship out of the port of Hong Kong. It taught me a great deal about leadership and responsibility and really changed how I viewed my role as a psychologist and an officer.

LT Neumaier: In the four years I've been in the Navy, I've only had two billets; as a staff psychologist at Naval Medical Center Portsmouth (NMCP) and as a carrier psychologist onboard the USS Gerald R. Ford (CVN 78). I am very thankful for the training and mentorship I received at NMCP, as I came into the Navy feeling comfortable with my clinical skills but knowing nothing about how to be a Navy psychologist. I owe everything I know to my amazing mentors (thank you!). Being a carrier psychologist is very different than being at an MTF, with very different pros and cons.

What is unique about a career as a Navy Psychologist?

CAPT Saitzyk: The camaraderie. Similar to CDR Lauby's comments regarding carrier psychology as a once in a lifetime opportunity- my dearest friends, colleagues, and memories were made there, and I feel so blessed to have had that experience to serve. As well, feeling part of something much larger is unique to Navy psychology. Another favorite tour was in Bahrain, where I got to see up close what the rest of the military does and how I can support in unique ways, given the clinic is a small part of the larger mission. As well, taking care of Marines who guard our embassies and consulates is yet another favorite experience - I'm so thankful for the opportunity to contribute to the mission and learn from such an outstanding group!

CDR Lauby: I think the thing that is unique about a Navy career path is that the world can be your oyster metaphorically speaking. You can choose a certain career path and really dig in and specialize or you can try a bunch of different things. To each their own, but I feel there has been tremendous value in having a varied career path. Through my time in the Navy I have worked at a small branch clinic in the middle of nowhere (Yuma, AZ is in the middle of nowhere), a Medium sized hospital, and a Medical Center. I have deployed on an aircraft carrier and to Gitmo. I have worked in substance abuse and mental health. I have gotten to go to SERE school and be a SERE and operational psychologist. Each one of these jobs has taught me how to be a better psychologist, a better officer, and a better leader. I truly believe there is something in the Navy for everyone.

LT Neumaier: Navy Psychology offers opportunities that you just can't find in the civilian sector. There is such a wide range of billets from academic medicine to working with the fleet to working with the Marines. I really think the ability to transfer billets every few years and experience something new helps guard against professional burnout and forces you to constantly grow. I love that the Navy pushes you to always be your best, both professionally and personally. I have no idea what my next billet will be, but that is part of the excitement!

Top: CAPT Saitzyk before and after the line-crossing ceremony; Bottom (from left to right): CDR Lauby deployed to GTMO in 2008 ; CAPT Saitzyk in training pool; CDR Lauby 2005 helicopter ride to a small boy

TRAINING & RECRUITMENT

CAPT John Ralph

Hello Shipmates! This is my first TNP as National Training Director, and I'm delighted to be able to introduce myself as I begin this new chapter. For those who don't know me, I was a career Navy psychologist, retiring in 2019 after 32 years in the military. I was Specialty Leader a long, long time ago (shortly after the Mesozoic Era I believe). I am incredibly happy to have the chance to remain part of our community as a civilian, and I am particularly grateful to be able to follow in the footsteps of two cherished mentors – Dr. Bob McCullah and Dr. Eric Getka.

This edition of TNP highlights the variety of billets our community has to offer. As you can see throughout these pages, Navy Clinical Psychology is expanding in numerous ways. Over the next several years, we will come close to doubling the size of our community from where it was when I was Specialty Leader. At a time when Navy Medicine is downsizing, Navy Clinical Psychology is growing. This growth is most apparent within our operational settings. More and more military commanders are realizing that embedded psychologists not only increase access to care and reduce stigma, but they also enhance mission readiness. Everyone wants a psychologist now, and why wouldn't they? Over the past 20 years, through the sustained excellence of each one of you, we have proven how effective clinical psychologists can be.

This is a tremendous accomplishment, but as tradition dictates in the Navy, success is rewarded by more work. We have a high standard to uphold, and by all forecasts, our community will continue to grow in the years ahead. Sustained excellence is hard to maintain. We must fill our increasing number of billets with the caliber of people to which the Navy has grown accustomed – not only great clinicians, but great officers – resilient, adaptable, dedicated professionals who have become crucial to the success of so many military missions. This is particularly important given the complexity of our billets – this type of work cannot be performed by just any psychologist.

As most of you know, there are five paths through which people can enter our community (Internships, Postdoctoral Fellowship, USUHS, HPSP, and Direct Accession). Filling these training spots with the best people requires us to have large and diverse applicant pools, and this cannot happen without active marketing and recruiting efforts.

A couple months ago, I sent out a request for volunteers to help with psychology

recruiting, and I heard from dozens of psychologists eager to help. Since then we have reactivated our Recruitment Facebook page we have revamped our training websites, and we have created several brochures and other materials to advertise our various training opportunities. We have also completed the selection process for next year's USUHS and HPSP classes.

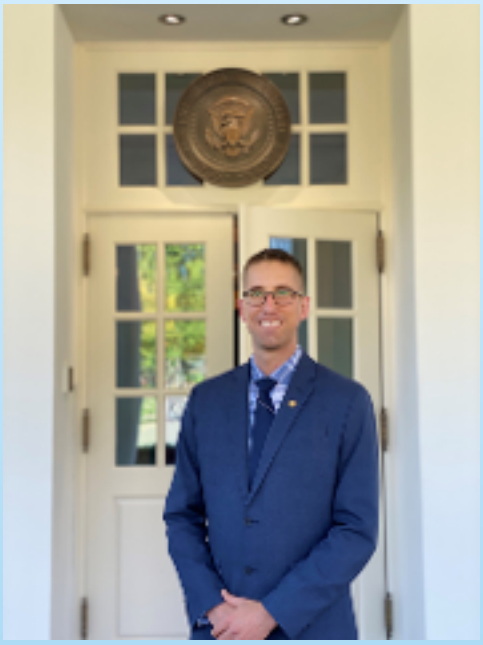
In the future we look forward to arranging NRC-supported (although unfunded) visits to graduate programs, conducting virtual outreach events to specific programs or groups of interested applicants, and spreading the word about Navy Psychology at various conferences, workshops, and other events. All of these outreach efforts will require the support of enthusiastic officers who are willing to share their experiences – in other words, all of you. The best way to market Navy Clinical Psychology is to introduce interested applicants to the people we already have in our community. If you would like to be a part of this, please let me know.

One of the things for which I'm most grateful at this stage in my professional life is to have the opportunity to help shape the future of Navy Clinical Psychology, a community that has had such a positive impact on me, both personally and professionally. I'm sure many of you feel the same, and I look forward to working with all of you as we staff our community in the years ahead.

Weblinks:

Recruitment FB page: https://www.facebook.com/groups/navypsychologyrecruitment

Training Page: https://tricare.mil/mtf/WalterReed/About-Us/Navy-Psychology-Training



Operational Billet Hindsights: A Framework For Starting Off On The Right Foot

By LCDR W. Anthony Smithson

When asked to write an article about my current operational psychology billet, I knew that I could pay it forward in a way that was different from reviewing the roles, tasks, pros and challenges of my current and former operational billets. Before transitioning out of clinical treatment settings I had some of the best operational psychology mentors around. However, the reasonably guarded feedback I received about the details of operational billets left me wanting to know more, as if there was a missing part of a sub-specialty informed consent. In other words, I wanted to know what I would actually be doing so that I could adequately prepare for the leap from clinic to secret squirrel land.

For a more than sufficient review of 8th & I and SERE School billets, see past TNP issues by CDR Blair and LCDRs Guzman & Smithson. As a complement to these articles I thought I would travel back in time, imagine what information I would have liked to know, so that you may benefit prior to entering the world of operational psychology. I hope the outline below helps you walk into your new role with confidence, efficiency, accuracy, and balance. Each of the subjects I discuss are not formal guidelines or recommendations, but rather opinions about topics I wish I had known more about from the beginning. Formal instruction such as an OpPsych DUINS or OPPS course, literature review, and mentorship are excellent primary resources.

Role clarification.

Clarifying the role to yourself and to others is the foundation. I struggled with this because of strong conditioning to think and act like a clinician after years in predominantly clinical settings. I learned some hard lessons by not knowing how important it was to differentiate clear role boundaries (e.g., your title is psychologist, so many will assume you are there to provide counseling). A harder lesson was realizing that I drifted or blended clinical and operational roles in certain functions, unsurprisingly trending toward skills I knew most. So, before and after you report to the new job, ask everyone you can about what the expected roles are (emphasis on the plural). You may find clear and consistent

answers. But also expect to be confused by those who expect more roles than you believe to be true or possible (e.g., role-boundary and ethical conflict). So, expect to do some homework in order to clarify, "What do I do here?"I recommend creating a one-page infographic that will serve as a documented communication tool for yourself and as a handout to those you are a consultant to. I'm happy to provide you with a template, just email me. But most importantly, your concept, vision, and plan for executing your roles should be based on policy.

Policy knowledge.

Cataloging, analyzing, and gaining fluency about the policies in your new job will set you on an accurate path of functioning in the fun new job. Just like the clinical world has standards, guidelines, official memos, and instructions, non-clinical focused jobs have policies that regulate your functions. Doing the homework will teach you background information, identify any tasks you shall do, allow you to defend your boundaries, and direct you to develop new skills. You may find that you are the first one to build the catalog of references at your new job. You may have to do the work of cross-referencing past practices with the up-to-date references. You may have to write new policy or local SOPs in order to further communicate to other non-psychologists what your operational lane is, and what you can and cannot do. In short, this step takes some homework, but is worth it in order to project an accurate vision for your tenure.

Resource alignment.

Next, after achieving the above steps you may find differences between your roles, the policy required tasks, and the actual resources to sustainably meet the demands. Twice I've reported to an operational job where the role expectations and policy had exponentially increased since the inception of the billets, but decades later the resource(s) (e.g., one psychologist and one tech) had not changed. This is a recipe for burnout and risky role-blending.

So, I recommend writing out a role and resource budget to accurately assess for discrepancies. This tool may help you a) accept that you and your predecessors are not superhuman, b) know that you may need to request more resources, and c) actually make progress toward upgrading the means to meet the demands and therefore making it better for your successor. Growing resources (i.e., billets), whether a tech or a psychologist, is a challenging process, but so worth the learning value.

Professional texts specific for your population.

Identifying relevant and up to date texts will further enhance your ability to accurately and ethically apply your knowledge, skills, and abilities (KSAs). Given that cultural competence and the power of influence and visibility in your operational roles, especially 1 of 1s, you should acquire and review relevant professional texts. For example, in one new role I realized my new assessment population was solely security forces with access to very sensitive situations, so I deemed it essential to procure and study the industry standard references. In this case I found the *Handbook of Police Psychology* (Kitaeff, J., 2019), which provided a wealth of knowledge that reinforced previously learned KSAs and also some instances of "wow, I really should integrate this component." In another new role I suspected there was a difference between my KSAs, the job demands, and the job's resources and structure. In addition to some heavy consulting, I found *Operational psychology: A new field to support national security and public safety*

(Williams, T. J., In Staal, M. A., & In Harvey, S. C., 2019), which allowed me to quickly reference industry standards and chart out an evidence informed path for process improvement. Lastly, in an operational job where data analysis is likely a strong component, you can't go wrong by keeping handy a copy of your go to stats reference. The *Cliffs Quick Review of Statistics* (Voelker, D. H., Orton, P. Z., & Adams, S. V., 2001) has been a helpful refresher.

Form and measurement standardization.

Forms and other means of pulling data from those we assess are also worth thinking proactively about when you show up to the new job. Up-to-date, valid, and reliable forms of measurement are important for gaining accurate information, regardless of role and scope. Arguably, certain operational settings pose a heartier challenge in this domain. Why? First, if you're selecting people for high-risk jobs, you want accurate data and less bias from your methods. Second, you likely want forms and tests that are codable so that you can efficiently transform the data into a local norm data set, allowing your ability to continue interrogating the validity of your assessments. Speaking of bias, as a 1 of 1 you have a lot of leeway to create and manage your programs, opening up the opportunity for strong process improvement, but also the potential to just continue using the same methods from before.

Writing style drift.

Clinical and operational writing styles look different, for good reasons. I learned this lesson after unsuspected feedback from a wise mentor. After my bi-annual peer review the mentor pointed out that my reports in the operational role had strongly drifted toward clinical language. Although I believed my reports to be robust conceptualizations and paralleled the style of a counterpart, the mentor coached me through the ethical and legal pros and cons. The takeaway was that my writing needed to shift toward limiting the content of my reports to the essential data needed to answer the operational consult question. I quickly recognized the benefits of my mentor's feedback. I changed my writing style into a format that was more conducive to communicating my recommendations to my target audience. Even though I thought a full case conceptualization was interesting, my customer likely was more frustrated and confused by it. Overall, seek feedback about your writing and feedback templates, accept that you may be vulnerable to drift, and have an attitude that welcomes wise feedback.

In summary, shifting from clinical to operational settings deserves a shift in approach. I believe that starting off on an accurate and wise foot is aided by being open to learning new approaches, doing some homework, designing and communicating your vision of the role(s), awareness of the bias of old habits (e.g. individual and institutional), and moving the ball forward with evidence based process improvement. Lastly, we welcome your energy and skills into the community, making it better over time.

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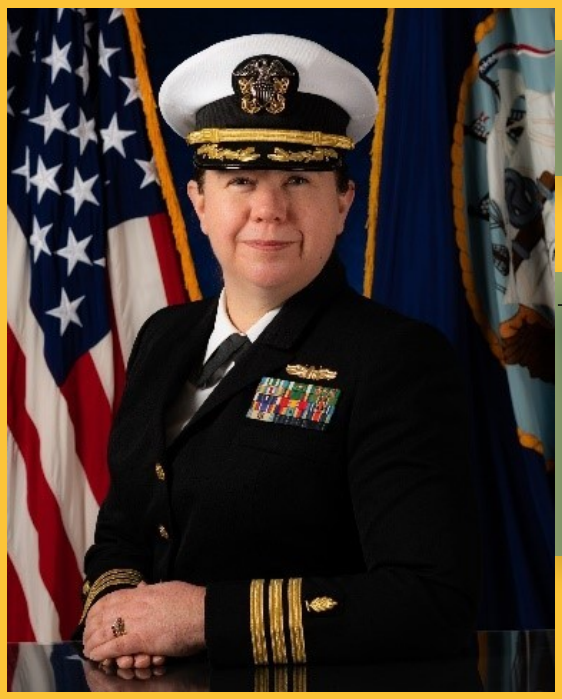
Guzman & Smithson (2017). The Navy Psychologist

Kitaeff, J. (2019). Handbook of police psychology.

Williams, T. J., In Staal, M. A., & In Harvey, S. C. (2019). Operational psychology: A new field to support national security and public safety.

Voelker, D. H., Orton, P. Z., & Adams, S. V. (2001).*Statistics*. New York: Hungry Minds.



Navy Reserve Psychology:

You are not in Kansas any more Dorothy!

CDR Kirsten M. Betak, Navy Reserve Clinical Psychology Specialty Leader

Transferring to the Reserves from active duty, no matter what your skill set, is often described as the experience Dorothy had when she was snatched up by the tornado and deposited in the Land of Oz. This truth stands especially for Psychologists who are not credentialed to perform clinical work on Reserve time, so they must learn new roles in addition to navigating the Reserve system. Reserve psychologists often find themselves asking "What am I supposed to do if not psychology. How did I end up here? Where am I going?"

The truth is Reserve psychologists fill many roles on drill weekends. Often on Active Duty these positions are held by our fellow MSC Health Care Administrators. However, in the Reserves all non-physicians fill the roles of Training Officer, Administrative Officer, Metrics Coordinator and Security Officer among others. It has been my experience that junior Reserve psychologists learn to lead in a much more hands-on and structured approach to include a Personal Qualification Standard (PQS) leading to an Additional Qualification Designator (AQD) to hold OIC and Commanding Officer positions (2N1 AQD). This prepares Reservists to engage in leadership roles such as Assistant Officer In Charge (AOIC) and Officer In Charge (OIC). As leaders, reservists not only preside over other mental health providers, but over entire medical units at the detachment level, for field exercises and Innovative Readiness Training (IRT). In turn, these positions lead to Headquarters leadership roles and carry psychologists up the Reserve promotion chain.

While not reflected in the Reserve Clinical Psychology NOBC, Reserve Psychologists hold qualifications in Child Psychology, Military Sexual Trauma/Trauma Psychology, Health Psychology, LGBT Psychology, Neuropsychology, Research Psychology, Personnel Selection and Security Clearance, POMI, SERE Psychology, and Health

Care Administration. Further, they bring a vast range of knowledge and experience from their civilian roles not available within the limitations of Active Duty service.

This flexibility and adaptability combined with opportunities to step outside of the "psychologist box" make them strong leaders both in the Reserves and when called to serve on Active Duty. The unique opportunities for Reservists to develop both their leadership and clinical skills contribute to the success of Reserve psychologists integrating seamlessly into the Active Duty environment.

Reserve psychologists have supported the deployment rotation to Guantanamo Bay for the past 10 years, filling the Joint Stress Mitigation and Restoration Team positions in rotation with their Active Duty counterparts. They have also mobilized anywhere their Active Duty counterparts have deployed, to include Djibouti, Afghanistan, and Iraq. In fact, Reservists have been called to fill new deployments first, as needs are assessed and programs are built. In 2012 when the Joint Task Force Horn of Africa Admiral requested immediate behavioral health support, Reservists were the first in, building the program which has now become an Active Duty mission. More recently they have mobilized to support the COVID-19 efforts in New York and Guam. They are also filling Additional Duty for Training (ADT) and Active Duty for Special Work (ADSW) supporting missions in Washington, D.C., Guam, Washington State and California. Many Reserve psychologists serve their Annual Training (AT) period supporting military treatment facilities around the world to include Sigonella, Okinawa, and Hawaii during the major summer active duty Permanent Change of Station (PCS) rotations as well as other times when there is a shortage or gap of Active Duty personnel.

With all that Navy Reserve Psychologists do, you might think there were many of us. However, we are actually a very small group holding only 16 billets divided among four Operational Health Support Units (OHSU), four Expeditionary Medical Units (EMF) and the Marine Reserves 4th Medical Battalion (4MEDBN). In 2017, after much consideration, the Reserves quit taking direct accessions due to a lack of a training pipeline. As such, with the exception of a few, Reserve psychologists all are now prior Active Duty. Those who were direct accessions have been well seasoned and have participated in at least one full deployment coupled with numerous training opportunities.

Ultimately, while the transition to the Reserves can feel scary and overwhelming, the opportunity to continue a rewarding Navy career is in no way diminished.

BRAVO ZULU

Achievements

CDR Joe Bonvie became a Board Certified Coach (BCC) through The Center for Credential and Education (CCE) in January 2020.

CDR Jason Duff pinned on O-5 in a backyard ceremony. (Pictured below left.)

LCDR Allison Clarke earned her FMF Pin. (Pictured below center.)

LT Allison Conforte earned her JPME Phase One diploma.

Awards

CDR Melissa Hiller Lauby was awarded an MSM. (Pictured below right.)

LCDR Jason Duff was award an MSM.

LT Noah Epstein was awarded a NAM and a COM.

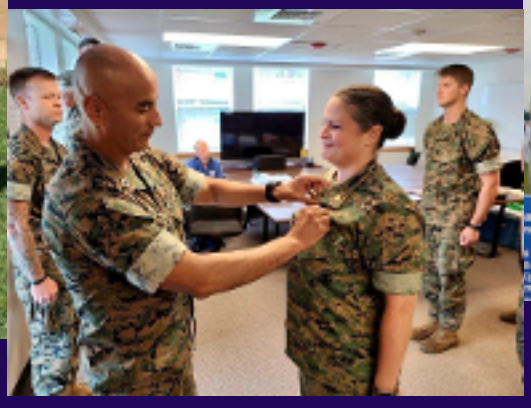
Publications

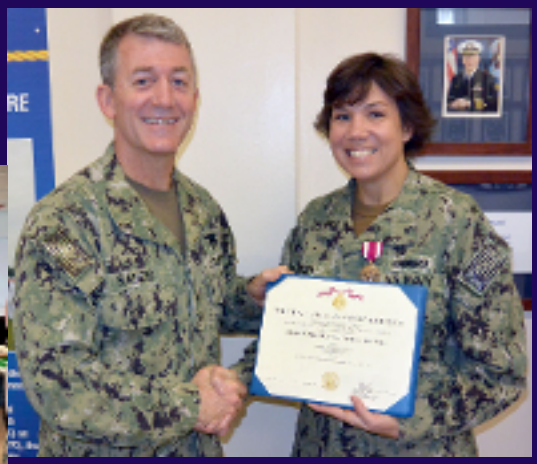
Front, C.M. (2020). Selecting Personnel for Safety Sensitive Positions: Managing Response Distortion. In R. Bor, C. Eriksen, T.P. Hubbard, & R. King (Eds.), *Pilot Selection: Psychological Principles and Practice*. New York, NY: CRC Press.

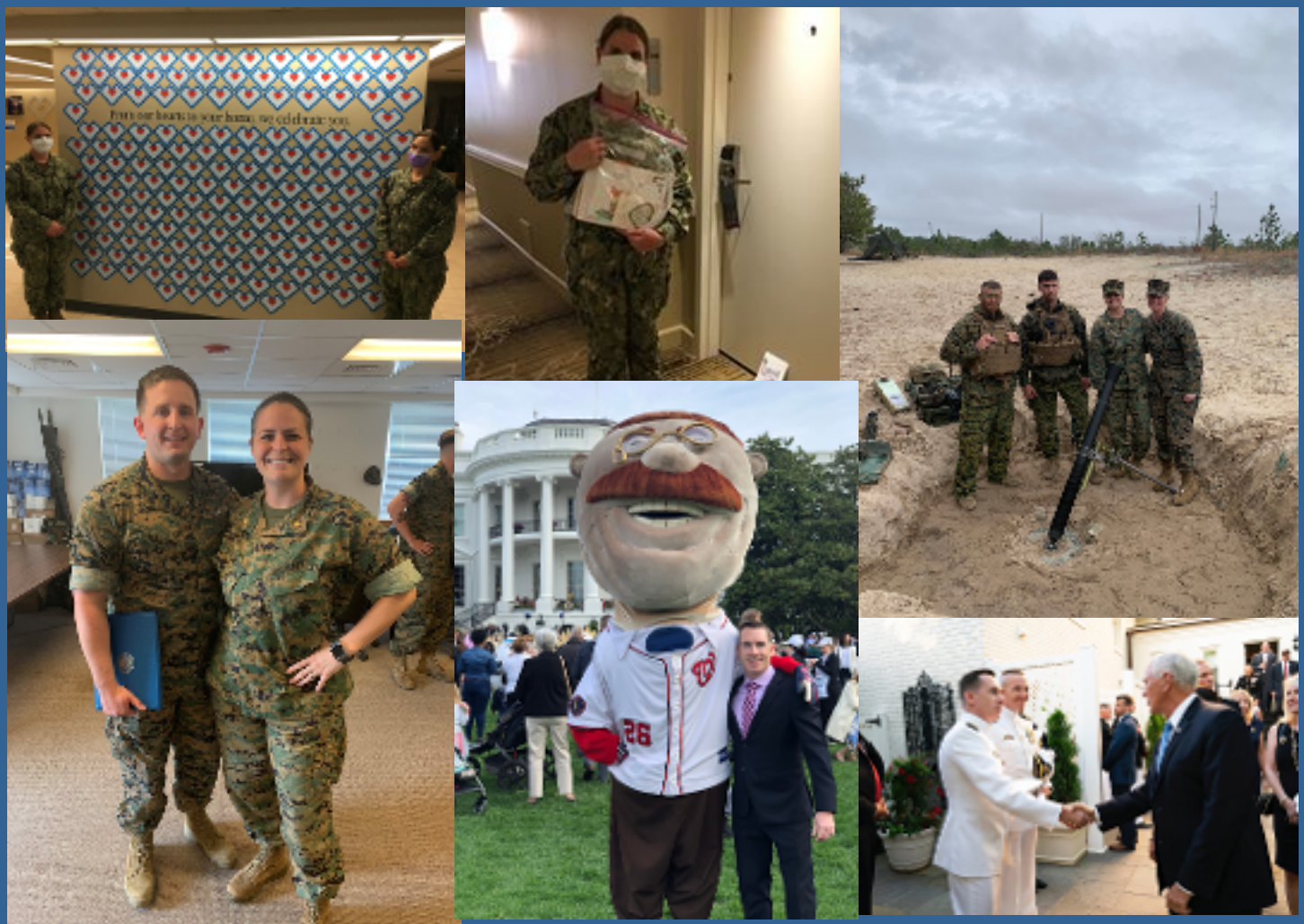
Pierce, K.E., Broderick, D., Johnston, S.L., & Holloway, K.J. (2020). Embedded Mental Health in the United States Marine Corps. *Military Medicine*. Retrieved from https://doi.org/10.1093/milmed/usaa076.

LT Murphy, Newport Rhode Island: Murphy, J. & Young, M. (2020). Monitoring processes in extended emotion regulation. *Cognition and Emotion*, 1-9.

Kennedy, C.H. (2020). *Military Stress Reactions: Rethinking Trauma and PTSD*. New York, NY: Guilford Press.







PHOTOS FROM THE FLEET: *(Top Left)* Lt. Allison Conforte and Lt. Alyssa Garofalo pose in front of Baton Rouge General Hospital's Covid healing wall during EMF-M deployment. Lt. Allison Conforte delivering care packages to staff hotel rooms during deployment. (Bottom left) HM2 William Madson is pictured with LCDR Allison Clarke following his re-enllistment ceremony; CDR Jason Duff poses with Teddy Roosevelt while visiting the White House; CDR Jason Duff greets Vice President Mike Pence at the Home of the Commandants at Marine Barracks Washington.

The Navy Psychologist (TNP) is a publication of the Clinical Psychology Specialty of the U.S. Navy Medical Service Corps.
Its purpose is to educate readers on community missions and programs, recognize research that contributes to the highest standard of clinical care, and build *esprit de corps* among its members. This publication will also draw upon our rich historical legacy to instill a sense of pride in those who have served our community, as well as focus on the future of our community, in order to serve as outreach to those interested in joining our ranks. Finally, it aims to enhance reader awareness of the increasing relevance of Clinical Psychology in and for our nation's defense.

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